



## Hutchinson Area Tigers Special Olympics

### Bowling Registration Form 2021-22

**Athlete's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number (cell)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Additional comments that would be beneficial for the coaches:** \_\_\_\_\_

---

---

---

**Return this form by September 24, 2021 to:**

**Karen Lorfald, HHS Director of Special Services**

**30 Glen Street NW  
Hutchinson, MN 55350  
320-234-2618**